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APPLICANTS

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verified KOM

** CONTINUING DATA *****

none KOM

** FOREIGN APPLICATIONS *****

none KOM

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 12	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>Kate Miller</i>	Initials <i>KOM</i>		

ADDRESS

27581
MEDTRONIC, INC.
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TITLE

System and method of treating stuttering by neuromodulation

FILING FEE RECEIVED 1392	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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